

A Television-Based Training Program for Nurse's Aides in Nursing Homes

SIDNEY M. SAMIS, M.D., M.P.H., and LOUIS HALPRYN, R.N., M.S.

BETWEEN 1900 and 1960 the number of persons in the United States aged 65 and over increased more than five times, from 3 to 16 million, while the total population little more than doubled. This trend was apparent, too, in New York City. In 1900 the city's population in this age group was 96,000, or about 3 percent of the total. It is estimated that in 1970, in New York City alone, the number of persons over 65 years old will be 1 million, or about 12 percent of the city's population.

The number and severity of adjustments required in our modern society because of this trend are only beginning to be recognized. Public and voluntary community support and assistance to the aged have become major responsibilities that will grow even greater in the future.

One billion dollars were spent in the United States in 1962 by clients for nursing home care, three times the amount spent in 1948. In 1963 in New York City, two-thirds of the care for 9,000 patients in proprietary nursing homes was being paid for by public funds. The cost to the city was more than \$20 million.

Nurse's Aide Training Program

In an effort to open doors for communication among the personnel of nursing homes and voluntary and governmental agencies eager to help improve the level of long-term nursing care, the New York City Department of Hospitals, in May 1962, called a general meeting of city officials and all agencies concerned with such care. There was general agreement among all the groups of the need to train the nurse's aides in their duties in nursing homes, as they were considered to be responsible for about 90 percent

of the nursing care given to the patients in such long-term facilities.

But how could some 2,500 nurse's aides in 98 nursing homes, scattered over nearly 400 square miles of New York City, be better trained, especially with no currently available nurse educators? Was it feasible to transport 2,500 aides to a few centers for instruction when these aides were in short supply and needed for patient care? There were no easy answers to these problems. Who was to pay for the training? Where was it to be conducted? Who would conduct the program?

When all the training methods suggested had proved to be impractical to meet the need, the municipal television station was recommended as the basic media for reaching the nurse's aides. The idea was accepted generally. Subsequently, boroughwide meetings were held during the summer of 1962 to orient the concerned agencies and the nursing home supervisors to the proposed weekly half-hour televised program that would be started in the fall of that year.

The textbook, "How to be a Nurse's Aide in a Nursing Home," developed by the Public Health Service, was to be adopted for basic

Dr. Samis is assistant commissioner (planning), New York City Department of Hospitals. When the television training program was started, he was director of nursing home, proprietary hospital, and home care services of the department. Mr. Halpryn was coordinator of the television training program.

Additional information concerning the program may be obtained from the New York City Department of Hospitals, 125 Worth Street, room 628, New York City, 10013.

study. The television-based training program would be guided by five nurse educators (one for each of the city's boroughs, with one designated as coordinator) under the supervision of the director of nursing home, proprietary hospital, and home care services of the New York City Department of Hospitals.

The coordinator, Mr. Halpryn, was chosen in consultation among the director, Dr. Samis, the director of nursing, Miss Dorothy Weddige, and an advisory committee of the proprietary nursing homes. His background includes a graduate degree in education, extensive teaching experience, and experience in educational television. He in turn recruited the other faculty members in consultation with the director of nursing and the director of the program. All had advanced educational preparation and teaching experience. The department's division of nursing education gave considerable assistance and guidance to the program in its formative stages.

To speed program development, the nursing homes initially offered \$1 per bed to support the coordinator's salary, and the New York City Department of Hospitals provided the salaries, offices, and expenses for the other four nurse educators. The United Hospital Fund offered to serve as the fiscal agent in collecting contributions from the nursing homes to pay the coordinator.

Television station WNYC donated free air time. Each nursing home was asked to provide a suitable "classroom" in which the nurse's aides could receive training and to convert a television set, if necessary, to receive the UHF channel. They were asked to purchase the textbook that had been selected for use. Several homes purchased copies of the textbook for all the nurse's aides who participated. Most aides on the day shift participated, a smaller proportion on the evening shift, and a still smaller number on the night shift. Naturally, the 3 p.m. time of the initial program favored participation of the aides on the day and evening shifts.

Approximately 1,500 of the 2,500 aides in New York City participated in the series, of which 1,249 were evaluated by the supervisors at the end of the program. The remainder (about 1,000) did not participate for various

reasons: time of television course did not correspond with shift assignment, some aides refused to participate in tests, a few nursing homes refused to participate because of cool relations with the department of hospitals—then in the process of developing better nursing home code regulations—and some aides worked in one of a number of nursing homes that closed during the training series.

Twenty-six original half-hour training programs were prepared and televised twice weekly from October 1962 to April 1963. Testing was limited to the first 18 programs, which were more oriented to technique and better covered in the text. Each weekly program was videotaped and televised a second time the same week to permit broader use in the training. All guide materials were prepared by the staff and distributed the week before each program to assist the nurse supervisors in their preparation for the session and the important half-hour live discussion-demonstration that followed the TV presentation, under the supervision of the nurse in charge of the program in each home. The TV faculty and the program director originated and produced the programs and periodically visited the homes to assist the nurse supervisors and check on the understanding and performance of the aides. The faculty also played roles in the televised programs when aides or patients could not participate.

The television training course included a broad range of topics. A partial description of the outline used follows.

INTRODUCTION AND ORIENTATION. Role of nursing home in community. Importance of nursing aide in patient care. The three foundations of good nursing



Nurse's aide helps make recreation fun

care: good appearance, warm and friendly manner, gentle skillful hands. Emphasis on seeing patient's unit as his home.

NUTRITION. Importance of good nutrition, especially for elderly. Some causes and proper handling of problem eaters. Methods of encouraging patients to eat properly and helping patient to help himself eat. Feeding blind patient by "clock" technique.

SPECIAL PROBLEMS. Feeding a helpless patient. Importance of adequate fluid intake and special nourishment. Special feeding of the diabetic and cardiac patient.

MAKING A BED. Proper techniques, sanitary and safety factors. Special emphasis on importance of bed area to chronically ill patients.

BODY MECHANICS 1. Principles illustrated emphasizing safety of patient and aide. Techniques for safe lifting; helping a patient in and out of bathtub. Proper technique for making a cradle bed; indications for use of bed cradle.

BODY MECHANICS 2. Use of body mechanics to show proper positioning of patient in bed or chair; safety precautions stressed. Correct moving of patient illustrated, including moving patient from bed to wheelchair.

PSYCHOLOGICAL ASPECTS OF PATIENT BEHAVIOR. Psychological problems faced by patients and aides in a nursing home. Negative patient behavior, illustrated by patient's adamant refusal to bathe. Underlying psychological reasons for patient's behavior. Aide's reaction to behavior and suggestions for realistic approach to problem.

BED BATH. Emotional and physical reactions. Safety and privacy of patient. Life-sized manikin used to demonstrate complete procedure.

GROOMING. Three special needs outlined and emotional and physical implications: Skin care emphasizing prevention of bedsores, mouth care including care of dentures, proper cleaning and cutting of nails. Helping the partially disabled patient to dress himself. Importance of clean and attractive hair, with special attention to female patient. Hair combing and techniques of self-grooming. Improvised aid for handicapped patient. Hair shampoo and setting in bed.

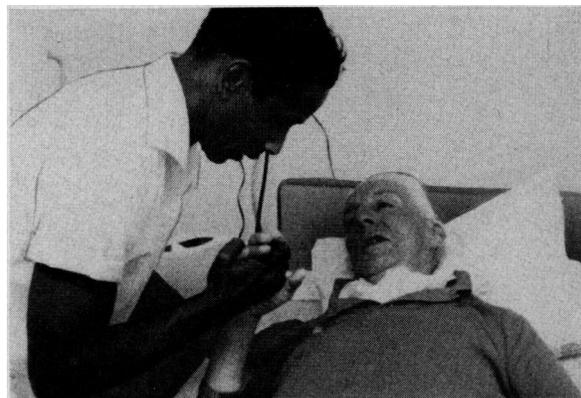
MORNING AND EVENING CARE. Motivating patient toward self care. Techniques and procedures for morning and evening care. Emotional problems underlying patient's unwillingness to help self. Positive approach to problem.

INCONTINENT PATIENT. Mental problems encountered by patient and nurse's aide. Understanding patient's feelings and reaction to overt display of aide's feelings. Physical techniques and emotional guidelines for dealing with problem.

TAKING TEMPERATURE. Proper technique with various types of thermometers; methods of insertion, reading, safety and accuracy, recording, reasons for procedure.

PULSE AND RESPIRATION. Meaning of pulse and respiration. Correct methods of taking and recording these vital signs. Special problems.

THE ENEMA. Emotional and physical reactions to



Therapist-trained aide assists stroke patient with exercises prescribed by physician

procedure. Equipment and proper techniques for preparing patient. Procedure demonstrated on life-sized manikin.

CARE OF UNIT. Emphasis on patient's unit as his home. Psychological implications. Physical setup of unit.

PHYSICAL THERAPY. Role of physical therapist and principles of physical therapy. Safety of patient. Role of nursing aide. (A partly rehabilitated stroke patient participated.)

SAFETY AND ACCIDENT PREVENTION. Various potential hazards, particularly in patient's room. Possible dangers to patient by staff. Safety factors.

ACTIVITIES OF DAILY LIVING. Ways a helpless patient can be given independence through self care.

SENILITY. Physical and mental causes. Meaning of senility to patient, family, community.

MOTIVATION AND RECREATION. Role of therapeutic recreation. Meeting individual needs of patients.

HEART DISEASE, CANCER, ARTHRITIC PATIENTS. Special problems and special equipment.

PLACE OF AGED IN SOCIETY AND ROLE OF CHRONIC CARE FACILITY. General problems in New York City.

Many nursing homes substantially contributed advice, personnel, and equipment to the programs. A number of voluntary health agencies—the National League for Nursing, American Red Cross, New York City Community Council, New York City Cancer Committee of the New York State Cancer Society, New York Arthritis and Rheumatism Foundation, Comeback, Inc.—also gave freely of their know-how and resources. They supplied consultants, visual aids, and printed material for distribution. Members of their teaching staffs participated in several of the televised programs and subsequently were members of the advisory committee that evaluated the program.

The community mental health board of the city supplied a consultant psychologist, who

helped the faculty prepare some TV sessions in which the psychological implications were particularly important. He had had experience in educational television. The Municipal Broadcasting System (WNYC-TV) assisted the coordinator and the staff in the technical aspects of the televised program.

Improved communication within and among nursing homes was accomplished by discussion periods, faculty visits to the nursing homes, telephone contacts, boroughwide meetings in the various nursing homes that served as hosts, weekly evaluation reports on each program submitted by the supervisors, and self-evaluation tests distributed to the nursing aides.

Five multiple-choice questions, based on a program seen the previous week, were asked of the nurse's aides in the weekly self-evaluation test. The aides were told to read the four answers, select the answer they thought was right, and circle the number opposite this answer. The following is a typical question: A patient who can help himself should be (a) forced to do as much for himself as possible, (b) given as much help as he asks for, (c) encouraged to do as much for himself as possible, or (d) told that he must not ask for help. Answers were noted on the reverse side of the questionnaire. The tests were well received and prepared the aides for later formal, multiple-choice-question examinations.

All tests for the aides had to conform to their linguistic capabilities and often limited educational background and still cover the content of the course. Each formal examination, which was completed by approximately 1,400 of the 1,500 participating nurse's aides at midseries and at the end of the basic technique-oriented 18-week program, contained 36 questions, two

concerning each program. A typical question was: As a nursing aide you can earn the respect of patients by (a) giving care to them as quickly as you can, (b) wearing your best jewelry to work, (c) caring for them in a skillful way, or (d) telling them you are a trained aide.

It was possible to identify only 921 aides who took both the midterm and final tests. About 1,427 took the first examination and 1,300 the second, but correlations could not be made for approximately 400 to 500 aides because they missed one examination (ill, off duty) or were not employed during the entire series (employment terminated, home closed, employed after initial test), names were illegible on forms, they refused to take the examination or sign their names, or they failed to complete the course.

The capabilities of the nurse's aides were compared by the Professional Examination Service of New York City, who had helped to prepare the test. The results are shown in the table.

According to this examining service: "The scores of students in the middle and lower thirds showed significant improvement, with the greatest being among the lower third. It seems fair to say that the televised education program reduced the difference between the upper and lower thirds from 41 to 16.70 percent, as measured by these two tests." They concluded: "These data indicate that the training program was most effective for the least well prepared students and that two-thirds of the candidates benefited to a significant degree."

Our main objective in this initial training series was to give a large number of untrained nurse's aides the opportunity to learn to perform satisfactorily fundamental nursing techniques while developing an understanding of

Evaluation of 921 nurse's aides who took both midseries and final tests in television training program, New York City, in percent ¹

Group	Number aides in group	Average score mid-series test	Average score final test	Percent difference	T ratio of difference	Level of significance of T ratio
Lower.....	284	43.39	72.16	32.77	8.25	0.000001
Middle.....	325	68.97	85.54	16.57	5.15	.000001
Upper.....	312	84.76	88.86	4.10	1.52	.13

¹ Rated by Professional Examination Service of New York City.

the physical and psychological needs of the aged and the chronically ill. The written test results suggest that the program was successful in this regard. An evaluation by the supervisors on "The Rating Record Guide," a product of the television faculty, also indicated improvement in the aides during the series. The nursing home supervisor, at the conclusion of the TV training course, rated her aides in four categories: preparation of assignment, execution, followup, and reporting. In preparing for an assignment, the nursing aide was considered to be satisfactory if she—

1. Attempts to find out what is to be done for assigned patients and how to do it.
2. Attempts to plan or does plan what equipment will be needed and gathers equipment in advance.
3. Attempts to find out something about the patient before beginning care.
4. Greets patients in a friendly manner and explains procedures before beginning care.
5. Usually appears in clean and neat uniform and is well groomed in personal details.

Improvement was considered to be necessary if she—

1. Demonstrates a lack of concern as to what and how things are to be done for assigned patients.
2. Makes little or no effort to plan or gather equipment in advance.
3. Begins assignment with little or no information about assigned patients.
4. Fails to greet patients or is apathetic in approach. Begins procedures without explaining or trying to gain patient's cooperation.
5. Often appears in a uniform that is dirty or rumpled or appears overly made up or sloppy in personal appearance.

Results

The nursing supervisors judged that 74 percent of the nurse's aides were satisfactory before the television course and improved their performance after the series, 19 percent changed from unsatisfactory to satisfactory after the program, and 7 percent remained unsatisfactory despite the training.

Cards were awarded by the various nursing homes to about 1,100 aides who participated satisfactorily throughout the program. The

cards were provided by the New York City Department of Hospitals and signed by the television faculty coordinator.

Based on the results of the evaluation tools used and the opinions of the better qualified supervisors and aides, the advisory committee of the Metropolitan New York Nursing Home Association, and others, it seemed that the initial program was useful in helping to develop basic skills and attitudes for the "efficient and tender" care of the nursing home patient.

The success of the training program was directly related to the interest and support given by the nursing homes. Where it was encouraged, it created an ongoing educational milieu for inservice education, with positive communication among all personnel levels, and a desire to improve care and service to nursing home patients.

One of the most important benefits of the program was promoting communication both within the nursing homes between personnel and supervisors and with their colleagues in other nursing homes or on the television faculty.

Comment

An advisory committee of distinguished educators and experts on nursing homes, chronic illness, and mental health conducted a critical review of the entire television program including a viewing of the videotape. This committee agreed that no one program can be all things to all nurse's aides and nursing homes. However, they said that the efforts so far have been impressive and apparently effective, especially considering the limitations of time and talent for supervising in the nursing homes, television studio limitations (WNYC-TV could only offer a skeleton staff and minimum facilities, which precluded much rehearsal, ongoing technical consultation, proper lighting, and air conditioning), and the uneasy relations between the nursing homes and their regulatory agency (New York City Department of Hospitals) while a new nursing home code calling for much higher standards was being formed.

The committee urged that future efforts develop more realism by using real patients and aides for better identification and that, preferably, the program be filmed in an actual nursing

home. They said that better orientation with such a program is indicated for the supervisors of nursing homes and that much more support is needed for the major effort, which, if successful, would be of value to many other communities.

Discussion

In 1964 we obtained a substantial grant from the Rosenthal Foundation which permitted us to contract for and shoot the first two of our new film series. This was the beginning of a more realistic program patterned after the recommendations of the advisory committee to use real patients and aides for better identification and to solidify the program by filming it in a nursing home setting. The United Hospital Fund, a voluntary agency, sought and received a grant from the New York State Department of Health in support of the program. The fund itself gave a substantial sum to the program. Because of its growing interest in nursing homes, the fund recently undertook a joint project with the Metropolitan New York Nursing Home Association, supported by the Public Health Service, to provide and evaluate the need for social service to nursing home patients. Cooperative efforts of private, voluntary, and governmental agencies are possible, and in fact essential, in improving the image of the nursing home and its staff and, most important, the care of the long-term patient.

While continuing to develop this film series in the spring of 1964, a 7-week, 14-hour orientation course for nursing home supervisors was completed at Bellevue Hospital in New York City. During one session, we used the first of the new films to demonstrate its use as a teaching tool. The film approach is unique in that it is primarily a motivation tool to encourage better understanding by the nurse's aide toward her patients, her relationships and attitudes toward work, her skills, her places to seek help, her satisfactions from the work, and her own importance. The purpose is to stimulate the aide's desire to be kind and to learn and to foster the climate of understanding in the nursing home in which she is working.

Followup discussions and demonstrations in each nursing home are essential after each program, and for these the nurse supervisor's contribution is of key importance. More detailed guides for the supervisor are being developed for each film. These guides set the stage for a more productive discussion-demonstration session in the nursing homes after each televised segment and bridge the gap between the message the film portrays and the technique discussed in the textbook. The experience with these television programs, reported by the nursing homes, is invaluable in charting our course through the completion of the series of perhaps 10 to 12 films.

Summary

It has been estimated that 90 percent of the nursing care given to patients in long-term care facilities is given by nurse's aides. To improve the quality of care in the city's proprietary institutions, the New York City Department of Hospitals, in cooperation with numerous community agencies, sponsored a television-based training program for nurse's aides in proprietary nursing homes.

A faculty of nurse educators and the program director originated and produced 26 weekly half-hour television classes. Testing was limited to the first 18 programs. Multiple-choice question tests and self-evaluation tests were designed specifically for the nurse's aide group. Approximately 1,400 of the 2,500 aides employed in proprietary nursing homes in New York City participated in the examinations, and 921 were specifically identified as completing the midseries and final written tests.

Analysis of the test data indicated that the training program was most effective for the least well prepared student and that two-thirds of the aides benefited to a significant degree. The 74 percent of the nurse's aides rated satisfactory before the television classes were reported by the nursing home supervisor to have improved in performance, 19 percent changed from unsatisfactory to satisfactory, and 7 percent were rated unsatisfactory despite the training.